



Division of Professional Regulation
861 Silver Lake Blvd.
Cannon Building, Suite 203
Dover, Delaware 19904-2467
(302) 744-4500

DUPLICATE RENEWAL NOTICE

DUE DATE: June 30, 2005

Please make your check or money order payable to "State of Delaware." Cash payment is not accepted.
RENEWALS POSTMARKED AFTER June 30, 2005 REQUIRE PAYMENT OF THE LATE FEE.
Please allow two to four weeks processing time.

The following questions must be answered. If not answered, the application will be considered incomplete and returned. In addition, please attach a copy of your DE Division of Revenue Business License.

1. Name of Owner of School: _____
2. Home Address of Owner: _____
Owner Home Phone: _____ Owner Email: _____
2. Name of School Manager: _____
3. Names and License Numbers of Instructors:
Name: _____ License Number: _____
Name: _____ License Number: _____
Name: _____ License Number: _____
Name: _____ License Number: _____
4. Telephone Number of School: _____ Email of School: _____
5. Have you received official approval of certification from the State of Delaware Department of Public Instruction? Yes _____ No _____ Please attach a copy of the certification letter.
6. Have you received official certification/accreditation from any other agency? Yes _____ No _____ If yes, please indicate type of accreditation and attach copy of certification letter:

7. What programs of study are offered in your school? _____

I hereby certify that the above information is true and correct

SIGNATURE OF OWNER: _____ Date: _____

NAME: (Please Print) _____ ☐ Check box if new address

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

DUE DATE: June 30, 2005

Late fee due if postmarked after

Due Date

PROFESSION: (Circle One)

Cosmetology School

AMOUNT DUE:

\$52.00

LATE FEE:

\$26.00

LICENSE NUMBER:

M6- _____

All sections must be completed. Incomplete forms will not be accepted. Make checks payable to the "State of Delaware."